

LAST NAME

INITIALS

RESIDENCE ADDRESS IN KAZAKHSTAN

FLIGHT NUMBER

street

city

#1

#2

Did you have any contact with people diagnosed COVID-2019 or people showing symptoms of it?

- ☐ Yes
☐ No
☐ Do not specify

If you have access to internet, use this QR-code to access the same survey on the web for your convenience



DATE OF BIRTH

☐ STATE ID☐ PASSPORT

home #

apt #

VISITED COUNTRIES IN PAST 14 DAYS

CONTACT NUMBER

DATE OF FILLING IN

origin

#1

#2

#3

+ country code (region code)...

d d m m y y y y

This survey will be utilized only for the purpose of preventing delivery and spread of COVID-2019 in the territory of Republic of Kazakhstan.
 Respondents are responsible for the information provided in accordance with the legislation of the Republic of Kazakhstan

To ensure the machine reads your answers correctly, please, use black or blue colored pens. Do NOT use pencils.

DO

DON'T



SIGNATURE OF RESPONDENT